



**Assessor's Office**  
One City Hall Plaza  
Manchester, NH 03101  
Tel.: (603) 624-6520 Fax: (603) 628-6288  
[www.manchesterNH.gov/assessors](http://www.manchesterNH.gov/assessors)

## **Elderly Property Owners – 2015 Exemption Information**

Exemption for the Elderly, RSA 72:39-b – Application for Exemption or Tax Credit RSA 72:33

**\*\*\*\*Applications accepted after January 1<sup>st</sup>, 2015 - Filing deadline is April 15, 2015\*\*\*\***

**PLEASE CALL TO SCHEDULE AN APPOINTMENT – FOR REVIEW OF APPLICATION**

Upon approval of qualifications for the elderly exemption the water & sewer departments will **automatically be notified.**

**To qualify you must be:** 65 years of age - and Owner of record on or before April 1, 2015

- A resident of NH for **3 consecutive years** on or before April 1, 2015
- Married couples must have been married for **5 consecutive years** on or before April 1, 2015
- Property where exemption is claimed must be the applicants' principal place of abode, to the exclusion of all others.
- If applicant received a transfer of real estate from a person under the age of 65; related to him by blood or marriage, within the preceding 5 years, no exemption shall be allowed - RSA 72:40a, limitations

**TOTAL INCOME from all sources including any retirement income and Social Security:**

- **Single person** cannot exceed \$37,000 per year - **Married person** cannot exceed \$50,000 per year

**TOTAL ASSETS (at of the date of application – or April 1<sup>st</sup> if requalifying.) is \$90,000 for single taxpayers and \$115,000 for married taxpayers, excluding the value of your dwelling unit:**

- Include all personal property such as cars, trucks, RV's, trailers, antiques, furniture & jewelry.
- Checking and Savings account balances.
- CD's, IRA's, mutual funds, stocks, bonds, annuities, life insurance policies, money market etc.
- Any other real estate owned anywhere (individually, jointly, in common, fractional) including land, mobile homes, condos, timeshares etc. Supporting documents must be supplied.
- Other assets tangible or intangible less any good faith encumbrance.

**You must provide copies of the following (if applicable):**

- 2014 Federal income tax return including all W2's, 1099's, etc.
- 2014 Social Security Benefit Statement
- 2014 VA benefits statements
- 2014 State Interest and Dividends Tax Forms
- Bank Statements -current 3 months (full copies) for all checking and savings accounts
- Current statements for CD, IRA, 401K, stocks and/or bonds, surrender value of life insurance policies, money market, etc. (full copies)
- Property Tax Inventory Forms filed in any *other* town
- Copy of your Trust and Trust Amendments. (Attorney's affidavit may be required annually)
- Drivers license or birth certificate
- Documentation of any Fuel, Electric, Rental, or any Assistance from Others.

**If you qualify - exemption will be according to age and percentage of ownership** RSA 72:41 Proration

- 65 – 74 years of age are allowed **\$109,500** assessed value deducted from total assessed value
- 75 – 79 years of age are allowed **\$148,500** assessed value deducted from total assessed value
- 80 + years of age are allowed **\$195,500** assessed value deducted from total assessed value

Revised 11/18/14

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# CITY OF MANCHESTER

## Elderly Exemption Application – Tax Year 2015

To Be Completed by Owner Seeking Tax Exemption, Per RSA 72:39a  
Applications accepted after January 1, 2015 - **Filing deadline is APRIL 15, 2015**

**ALL INFORMATION CONTAINED IN OR ATTACHED TO THIS DOCUMENT IS CONFIDENTIAL**

Map/Lot \_\_\_\_\_ Account No. \_\_\_\_\_ Applying for: Elderly Exemption  
(Applicant)  
Owner Name \_\_\_\_\_ Owner Date of Birth \_\_\_\_\_

Co-Owner /Spouse \_\_\_\_\_ Date of Birth \_\_\_\_\_  
(Name)  
All additional Owners on deed \_\_\_\_\_, \_\_\_\_\_  
\*Relationship \_\_\_\_\_ (circle one) \*attach divorce decree

Address \_\_\_\_\_ Married Single Widow Divorced  
City/State/Zip \_\_\_\_\_ New Hampshire resident since \_\_\_\_\_  
Telephone Number \_\_\_\_\_ Cell phone Number \_\_\_\_\_  
Prior address if less than 5 years \_\_\_\_\_ If married, how many years \_\_\_\_\_  
Life Estate/Trust Name\* (if any) \_\_\_\_\_ Please indicate type of residence:  
Single \_\_\_\_\_ Multi # of units' \_\_\_\_\_  
If the property is owned by a Trust a PA-33 must be completed with a full copy  
the Trust. E-mail \_\_\_\_\_  
If you own a multi family, do you have a mortgage Y/N \_\_\_\_\_ Mortgage amount balance\$ \_\_\_\_\_

- ♦ Are you receiving a deduction or exemption from any other City or Town? YES \_\_\_\_\_ NO \_\_\_\_\_  
◦ What is your primary place of abode? \_\_\_\_\_

### **INCOME INFORMATION:** For the Period of JANUARY 1 TO DECEMBER 31, 2014

Please attach additional sheets if necessary and if any of the following categories do not apply please write N/A.

**Supporting Documents MUST be put in order of numbers and submitted with this application.**

	Owner	Co-Owner (Spouse)
1. Social Security \$ (Gross, annual)	_____	_____
2. Sos. Sec. Disability Income (Title II or Title XVI)	_____	_____
3. VA Benefits (Pension/Disability Income)	_____	_____
4. Wages, Salaries, Tips (Gross)	_____	_____
•	_____	_____
•	_____	_____
•	_____	_____
5. Pensions/Annuities/401k	_____	_____
•	_____	_____
•	_____	_____
•	_____	_____

6. All Interest Income Acct Name and # \_\_\_\_\_ Amount \_\_\_\_\_  
 • Acct Name and # \_\_\_\_\_ Amount \_\_\_\_\_  
 • Acct Name and # \_\_\_\_\_ Amount \_\_\_\_\_  
 • Acct Name and # \_\_\_\_\_ Amount \_\_\_\_\_  
 7. All Dividend Income - Acct Name and # \_\_\_\_\_ Amount \_\_\_\_\_  
 • Acct Name and # \_\_\_\_\_ Amount \_\_\_\_\_  
 • Acct Name and # \_\_\_\_\_ Amount \_\_\_\_\_  
 8. Real Estate Rental Income Annual Amount \_\_\_\_\_  
 9. Other Income (Fuel or Electric Assistance, SSI dependant child, gambling or lottery) Amount \_\_\_\_\_  
 10. Is anyone (other than a spouse or co-owner) living with you? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If Yes, please list amount of assistance, bills, or rent paid annually \_\_\_\_\_ Total amt \_\_\_\_\_  
**Additional Comments:** (attach additional sheets if necessary) \_\_\_\_\_

➤ **Total 2014 Income:** \$ \_\_\_\_\_

**CURRENT ASSET INFORMATION : As of the DATE of this APPLICATION**

Please attach additional sheets if necessary and if any of the following categories do not apply please write N/A.

**11. Other Real Estate:** \_\_\_\_\_  
 (Street Address) (Market Value) (Please attach copy of property tax bill.)

Do you own (individually, jointly, in common, fractional, etc.) any other real estate anywhere including homes, land, mobile homes or time shares Y \_\_\_\_\_ N \_\_\_\_\_

**12. Other Personal Prop** \_\_\_\_\_ **Lot of land** \_\_\_\_\_  
 (Description) (Value) (Description) (Value)

**13. Vehicle 1:** Make \_\_\_\_\_, Model \_\_\_\_\_, Year \_\_\_\_\_, Miles \_\_\_\_\_ Value \_\_\_\_\_  
**Vehicle 2:** Make \_\_\_\_\_, Model \_\_\_\_\_, Year \_\_\_\_\_, Miles \_\_\_\_\_ Value \_\_\_\_\_  
**Vehicle 3:** Make \_\_\_\_\_, Model \_\_\_\_\_, Year \_\_\_\_\_, Miles \_\_\_\_\_ Value \_\_\_\_\_

**14. Please attach full copies of 3 months/or quarterly statements on all accounts:**

Checking Account #	Bank Name	Name(s) on account	Balance

Savings Account #	Bank Name	Name(s) on account	Balance

Credit Union Account #	Credit Union Name	Name(s) on Account	Balance

CD Account #	Bank/ Institution Name	Name(s) on Account	Balance

I.R.A. Account #	Bank / Institution Name	Name(s) on Account	Balance

Money Market Account #	Bank / Institution Name	Name(s) on Account	Balance

Stocks/Bonds Account #	Bank / Institution Name	Name(s) on Account	Cash out Value

Annuities Account #	Bank / Institution Name	Name(s) on Account	Cash out Value

Mutual Funds Account #	Bank / Institution Name	Name(s) on Account	Balance

Life Insurance Policies #	Bank / Institution Name	Name on Account	Cash out Value

15. Other Assets: \_\_\_\_\_  
 (Explain) \_\_\_\_\_ \$ Amount

➤ **Total Current Assets:** \$ \_\_\_\_\_

Assets disclosed by the applicant on this application will be verified through all resources available to the City of Manchester and the Assessing Department.

I/We, the undersigned, agree to repay the City of Manchester, NH for any exemption procured through willful misrepresentation. Misrepresentation or omission of information may result in denial of exemption from the City of Manchester, NH.

**ANY CHANGE IN HOUSEHOLD CIRCUMSTANCES (INCOME OR ASSETS) MUST BE REPORTED TO THE ASSESSOR'S OFFICE WITHIN 30 DAYS.** Failure to do so may result in suspension of assistance. I/We swear, under penalty of perjury, and certify that the information provided in this Application, including Income and Asset Statements, is true to the best of my/our knowledge.

My/Our signature(s) below constitute(s) the granting of my/ our authority for the City of Manchester, NH to obtain verification and/or proof from all sources concerning my/our household's circumstances.

\_\_\_\_\_  
Owner Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Owner Signature

\_\_\_\_\_  
Date

The City will not release or discuss your information with any party without your express written permission.

☐ Check here if you would like us to discuss your application with a friend, family member or caregiver.

Name of that person, relationship \_\_\_\_\_ Phone# \_\_\_\_\_

Name of that person, relationship \_\_\_\_\_ Phone # \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**For the Assessing Office Only**

**Multi Family Asset**

Number of units \_\_\_\_\_

Total assessed value \$ \_\_\_\_\_

Total assessed land value \$ \_\_\_\_\_

Total assessed building value \$ \_\_\_\_\_

Mortgage amount \$ \_\_\_\_\_

Application Taken By: \_\_\_\_\_

Date \_\_\_\_\_

Do the taxpayers need a mortgage letter \_\_\_\_\_

Would you like to pickup your financial statements after we are done or can we shred them? \_\_\_\_\_

Comments on Application \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Approved \_\_\_\_\_ Denied \_\_\_\_\_ Date \_\_\_\_\_